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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of PCT/IB01/01891 07/26/2001 which claims benefit of 60/223,482 08/07/2000 *ML*

**** FOREIGN APPLICATIONS *******

NONE ML 10/20/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 03/25/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>ML</i> Initials			

ADDRESS

23557

TITLE

Schizophrenia related gene

FILING FEE RECEIVED 1688	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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